

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003699

1. Entity Name
IGLS, L.L.C.

APPROVED
AND
FILED

00 APR 18 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O JAMES (SKIP) MUFALLI
17105 SAN CARLOS BOULEVARD
FORT MYERS BEACH FL 33931

Mailing Address

C/O JAMES (SKIP) MUFALLI
17105 SAN CARLOS BOULEVARD
FORT MYERS BEACH FL 33931-5336

2. Principal Place of Business

11050 Summerlin Square Dr

3. Mailing Address

- SAME -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers Beach Florida

City & State

Zip

Country

33931

USA

Zip

Country

4. FEI Number

65-0948692

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MNM

6. Name and Address of Current Registered Agent

MUFALLI, JAMES T
C/O CENTURY 21 SUN STATE REALTY
17105 SAN CARLOS BOULEVARD
FORT MYER BEACH FL 33931

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME MUFALLI, JAMES T
STREET ADDRESS 17105 SAN CARLOS BOULEVARD
CITY-ST-ZIP FORT MYERS BEACH FL 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/1/2000 454-8922

CR2E083 (9/99)